



MISSOURI DEPARTMENT OF INSURANCE,
FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION
LICENSING SECTION
**CHANGE OF ORGANIZATIONAL CREDIT
BUSINESS ENTITY STATUS**

P.O. BOX 690 or
P.O. BOX 4001 FOR CORRESPONDENCE WITH FEES
JEFFERSON CITY, MISSOURI 65102
TELEPHONE (573) 751-3518
THIS FORM MAY BE DUPLICATED

INSTRUCTIONS

PLEASE TYPE OR PRINT IN INK.

This form must be submitted to the Department of Insurance, Financial Institutions and Professional Registration within 10 working days of the effective date of changes.

Enclose a \$10 fee if you want a license showing the new name and/or address. Personal checks not accepted.

ORGANIZATION CREDIT BUSINESS ENTITY PRODUCER IDENTIFICATION NO.	ORGANIZATIONAL CREDIT BUSINESS ENTITY NAME
CURRENT E-MAIL ADDRESS (PLEASE PRINT CLEARLY)	

☐ **CHANGE ORGANIZATIONAL CREDIT BUSINESS ENTITY NAME TO** (Proper papers from domiciled Secretary of State's Office must accompany this change.)

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☐ **INDICATE NEW STRUCTURE (CHECK ONE)** No fee required for this change.

<input type="checkbox"/> SOLE PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> OTHER
<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY CORPORATION	

Please attach a copy of appropriate form indicating the change has been approved by Secretary of State.

☐ **CHANGE OF ADDRESS**

LEGAL ADDRESS (REQUIRED)				
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER
MAILING ADDRESS (OPTIONAL)				
STREET ADDRESS	CITY	STATE	ZIP	TELEPHONE NUMBER

☐ **CHANGE OF OWNERS, OFFICERS OR DIRECTORS** No fee required for this change.

If there have been any changes of owners, officers or directors, attach a current listing. Please give full name, Social Security Number, title and residence address.

☐ **CHANGES OF EMPLOYEES (Employed by the organizational credit business entity and to whom the organizational credit business entity pays any salary or commission.)** No fee required for this change.

CHECK ONE		NAME/LEGAL ADDRESS	SOCIAL SECURITY/BIRTHDATE	EFFECTIVE DATE
ADD	DELETE			
				MO. DAY YEAR — — —
				— — —
				— — —

AUTHORIZED SIGNATURE ▶	DATE
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